

COMMUNITY SERVICE WORK (CSW) DIRECTIVES

13th Judicial Circuit Court

Non-Columbia Residents

1. You may perform your CSW in the town where you reside. If you prefer to perform your CSW in Columbia, you may do so at any one of the ten not-for-profit agencies which Court Services (ACS) has pre-approved. ACS provided you that list of agencies if you requested it or if you indicated an interest in performing your CSW in Columbia.

2. **DO NOT** perform CSW outside of Columbia (or anywhere in Columbia other than our ten pre-approved agencies) without first calling ACS at 573-886-4180 and having us approve the agency you have chosen. **IF YOU DO NOT FOLLOW THIS INSTRUCTION, YOU MAY END UP HAVING TO DO YOUR CSW HOURS TWICE.**

3. Your time sheet must be filled in and signed by an authorized person at your not-for-profit agency **each time** you perform CSW. DO NOT ASK THE AGENCY TO FILL IN THE TIME SHEET ALL AT ONCE DURING, OR ONCE YOU HAVE COMPLETED, YOUR CSW. Be certain that the person who signs your time sheet each CSW work day will be available later to verify the dates, times and hours shown on your time sheet.

4. Upon completion of your CSW, you are responsible to return the time sheet to the ACS office. CSW HOURS WORKED WILL NOT BE ACCEPTED IF THEY ARE SHOWN ON ANY DOCUMENT **OTHER THAN THE TIME SHEET** ACS PROVIDES YOU.

5. ACS will telephone the agency shown on your completed time sheet to verify the dates, start and end times and hours completed each day. ACS will not credit you with the hours shown on your time sheet unless the not-for-profit agency's authorized representative verifies that you have performed the hours shown on your time sheet.

6. Before you return your completed time sheet to Court Services, **add to the sheet** the name of the agency where you volunteered, the name of the person there who can verify your CSW hours and that person's **land line phone number at the agency's office**. We cannot phone a cell phone or any phone number other than the land line phone number **listed for that agency in the current land line phone book**.

7. BE SURE TO LEAVE A COPY OF YOUR COMPLETED TIME SHEET WITH THE AGENCY WHERE YOU WORKED YOUR CSW HOURS SO THAT THE AGENCY CAN EASILY VERIFY YOUR HOURS WHEN WE CALL THEM.

8. If you have any questions, please call ACS at 886-4180 (573 area code).

I have received a copy of these CSW directives and I understand them.

Defendant's Signature

Defendant's Name printed

Case #
(rev. 01-07)

THIRTEENTH JUDICIAL CIRCUIT COURT
COMMUNITY SERVICE PROGRAM
INTERVIEW FORM
NON-COLUMBIA RESIDENT

CSW Hours _____ Date Assigned _____ Completion Date _____

Case # _____ Division: _____

Name (**PRINT**) _____
FIRST MIDDLE LAST

Address (**PRINT**) _____

City (**PRINT**) _____ State _____ Zip _____

Cell # _____ Work # _____ Home # _____

Sex: M / F D.O.B. _____ Soc Security # _____

Do you have any physical conditions that limit you? Y / N

Please specify: _____

Are you on () supervised probation, () unsupervised probation or () parole?

I have read and agree that the facts set forth are correct to the best of my knowledge.

Signature

Date